

## **Employer Instructions for Filing Group Life Insurance Claims**

1. Detach this page and complete the Employer's Statement on the following page.
2. Give the beneficiary the remaining pages of this claim folder so that he or she may complete the Claimant's Statement.

The beneficiary must complete his or her own Claimant's Statement and return it to you, along with a certified copy of the death certificate.

Note: If there is more than one beneficiary, a separate Claimant's Statement must be completed by *each* beneficiary. However, only *one* Employer's Statement and *one* death certificate is needed for processing the claim.

3. Submit the following to the MetLife Group Life Claims Office for processing:

MetLife  
Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100  
(Fax) 1-570-558-8645  
1-800-638-6420

- a) the completed Employer's Statement
- b) the Claimant's Statement(s)\*
- c) a certified copy of the death certificate
- d) all other pertinent claim information (such as enrollment forms and beneficiary designations)

A certified copy of a death certificate has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Claimants can usually obtain this document from the funeral director who handled the arrangements.

If any of the above information is omitted, please give us full details as to what is omitted and why.

As an alternative, you may submit the completed Employer's Statement, enrollment forms, and beneficiary designations directly to MetLife, and provide each beneficiary with the Claimant's Statement. Each beneficiary can then complete and sign the Claimant's Statement and submit it to MetLife with a certified copy of the death certificate. Only one death certificate need be submitted.

4. Contact the MetLife Administrator responsible for your group if you have further questions.

\*If there are multiple beneficiaries, please submit each completed Claimant's Statement as you receive it. By doing so, you will help us speed payment to those beneficiaries who have returned their completed Statements. If a beneficiary is deceased, please submit a copy of the death certificate with the claim.



## Life Insurance Claim Form Employer's Statement

For MetLife Use Only

To avoid processing delays, please provide all information requested. This form must be completed by an authorized company representative. Please print or type.

Claim is for: ☐ Employee or ☐ Dependent

### Section A: Employee/Member Information

Employee Social Security Number ____/____/____	Name of Insured Employee Last First Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Death: ____/____/____ Date of Birth: ____/____/____ Employee's Occupation: _____		
Date of Hire: ____/____/____		
Was Insurance ever assigned? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach a copy of assignment and all related papers)		
<input type="checkbox"/> Active Employee: Enter the effective date of amount of insurance being claimed ____/____/____		
<input type="checkbox"/> Retired Employee: Date retired ____/____/____		
For employees who were not actively at work, please indicate status of employee at date of death (select one):		
<input type="checkbox"/> Regular Retiree <input type="checkbox"/> Retiree Due to Disability <input type="checkbox"/> Terminated Due to Disability <input type="checkbox"/> Terminated For Any Other Reason		
<input type="checkbox"/> Leave of Absence/Layoff/Sick Leave <input type="checkbox"/> Disabled (not terminated or retired)		
On what date did the employee last work? ____/____/____ Reason for stopping _____		
Date premium payments for employee stopped ____/____/____		
Was the employer-employee relationship terminated before death? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ____/____/____ Reason _____		
Was life insurance cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ____/____/____		
Is most recent beneficiary designation available? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Was a Total and Permanent Disability (T&P) or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee? Leave blank if plan does not include T&P or CP. <input type="checkbox"/> No <input type="checkbox"/> Yes Disability Case Number _____		

**Metropolitan Life Insurance Company**  
**Group Life Claims**  
**P.O. Box 6100**  
**Scranton, PA 18505-6100**  
**1-800-638-6420**

# Life Insurance Claim Form

## Employer's Statement

### Section B: Employer/Association Information

<b>Name of Employer/Association</b> State Of South Carolina Budget and Control Board				<b>Contact Name</b>	
<b>Employer Address</b> Number and Street                      City                      State                      Zip 1201 Main Street, Suite 300                      Columbia                      SC                      29201				<b>Employer Telephone Number</b>  <b>Fax Number</b>	

<b>Division name and address where employee/member worked</b> (If different from above)					
Name	Number and Street	City	State	Zip	

**Notice:** Be sure to consider any reduction formula applicable to each type of Life Benefit in force when entering the amount of Life Benefits for which claim is made.

Report Number	Sub Code	Branch	Type of Life Benefits Check applicable box(es)	Amount	Effective Date
143449	0001	0001	<input type="checkbox"/> Basic Life		
143046	0001	0001	<input type="checkbox"/> Supplemental/Optional Life*		
143582	0001	0001	<input type="checkbox"/> Dependent Life (Spouse)		
143583	0001	0001	<input type="checkbox"/> Dependent Life (Child)		
143584	0001	0001	<input type="checkbox"/> AD&D***		
143585	0001	0001	<input type="checkbox"/> Supplemental/Optional AD&D***		
143586	0001	0001	<input type="checkbox"/> Dependent AD&D (Spouse)***		

#### Complete the Following:

Employee is:  
☐ Hourly or ☐ Salaried or  
☐ Union or ☐ Non-Union  
☐ Exempt or ☐ Non-Exempt

Base Annual Earnings \$ \_\_\_\_\_  
as of date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did the employee increase coverage within the last two years?  
☐ Yes ☐ No

If yes, indicate date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Supplemental/Optional Life includes Additional Life and Voluntary Life Benefits.

\*\*\* If Accidental Death benefits are claimed, please include supporting documentation such as newspaper clippings, police reports, toxicology reports, autopsy reports, etc.

### Section C: Deceased Dependent Information

Dependent Claim Only	Date of Death	Date of Birth	Sex M or F	Dependent's Social Security Number	Name of Deceased Dependent Last                      First                      Middle	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child

Signature of Employer's Authorized Representative \_\_\_\_\_

Date Signed \_\_\_\_\_

Telephone No. \_\_\_\_\_

Send benefit payment to: ☐ Directly to Beneficiary (ies)

☐ Other: \_\_\_\_\_  
\_\_\_\_\_



Metropolitan Life Insurance Company

**Group Life Claims**

**P.O. Box 6100**

**Scranton, PA 18505-6100**

**1-800-638-6420**

Dear Claimant:

We at MetLife are sorry for your loss. To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® Money Market Option, to give you the time you need to best decide how to use your insurance or annuity proceeds.

If the amount of proceeds payable to you is \$5,000 or more and you select the TCA option, a Total Control Account will usually be established in your name once your claim is approved. You will receive a personalized "checkbook" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "checks," you can draw a draft on your Total Control Account for the entire amount at any time. Information regarding the other settlement options available will also be provided.

While your money is in a Total Control Account, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by writing one of your checks (minimum \$250). You are not charged for checks, there are no transaction or monthly fees, and there are no penalties for withdrawing all or part of your money. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that the Total Control Account will help you rest a little easier knowing that your money is guaranteed, earning interest at rates responsive to current money market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the Total Control Account on the following page.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

Once again, we extend our condolences and assure you that we will make every effort to help you in every way we can.

**The TOTAL CONTROL ACCOUNT® Money Market Option  
Designed to Put YOU in Complete Control of Your Life Insurance Proceeds**

**The Total Control Account provides...**

**SECURITY**

The entire amount of your Account, including all interest earned, is fully guaranteed by MetLife.

**INTEREST**

- The Account earns interest at money market rates that are responsive to current market conditions.
- Interest is compounded daily and credited monthly. (Generally, the interest earned will be subject to income tax.)

**FREE CHECKING**

- You can write checks from a minimum amount of \$250 up to the full amount in the Account at any time.
- There are no monthly service or transaction charges. There is no charge for printing or reordering checks.
- Please note that automatic electronic fund transfers, electronic bill payments, and phone payments are generally not available from this Account.

**CONVENIENCE**

- A personalized checkbook provides you with easy and immediate access to the funds.
- You will receive periodic statements, showing all transactions, interest earned and the balance in the Account.
- Information about your Total Control Account is available to you electronically through MetLife's eSERVICE website.

**FLEXIBILITY**

- You can withdraw all or part of your money at any time, without penalty or loss of interest.
- There are no limits on the number of checks you can write each month.
- You can name a beneficiary to receive money held in the Account, in case something happens to you.

**FULL SERVICE**

Dedicated Service Representatives are within easy reach to answer any questions you may have about your Account. You will be provided with a toll-free customer service number with your starter kit materials.

**TIME TO DECIDE**

- Your rights to elect all other available MetLife settlement options are preserved. You may, at any time, place some or all of the money in your Account in any other available option.
- MetLife has a range of settlement options for you to choose from, including Total Control Account Guaranteed Interest Certificates. You will receive complete information on all settlement options which are available to you along with the Total Control Account Money Market Options materials.

**If the proceeds payable to you are less than \$5,000, or you reside in a foreign country, or the claimant is a corporation or similar entity**—and the insured did not designate a settlement option, payment is usually made by a single, lump-sum check. If the insured designated an alternative settlement option, that designation will be carried out. In this case, more information will be provided to you as your claim is processed.

Guarantees are subject to the financial strength and claims-paying ability of Metropolitan Life Insurance Company.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company

## FRAUD WARNINGS

**Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.**

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, District of Columbia, Louisiana, New Mexico, Minnesota, Ohio, Oregon and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware, Idaho, Indiana and Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Florida:** A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Vermont:** Fraudulent insurance act. No person shall, with intent to defraud: present or cause to be presented a claim for payment or benefit, pursuant to any insurance policy, that contains false representations as to any material fact or which conceals a material fact; or present or cause to be presented any information which contains false representations as to any material fact or which conceals a material fact concerning the solicitation for sale of any insurance policy or purported insurance policy, an application for certificate of authority, or the financial condition of any insurer.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



Group Life Claims  
P.O. Box 6100  
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## Life Insurance Claim Form

### Claimant's Statement

Employer Name: State of South Carolina Budget and Control Board (Subsidiary: )

Employee Name: \_\_\_\_\_

Please note that original documents cannot be returned. In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted.

#### Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

#### A. Information about you:

1. Your Name (please print in capital letters or type) \_\_\_\_\_  
First Middle Initial Last  
Maiden Name (if applicable) \_\_\_\_\_
2. Social Security No./TIN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ ☐ Male ☐ Female  
Mo. Day Year
4. Phone Number: Day (\_\_\_\_\_) - \_\_\_\_\_ Evening (\_\_\_\_\_) - \_\_\_\_\_  
(Area Code) (Area Code)
5. Fax Number (optional) (\_\_\_\_\_) - \_\_\_\_\_  
(Area Code)
6. Mailing Address \_\_\_\_\_  
Number Street Apt./Box No. (if any)  
City State Zip
7. Relationship to the deceased  
You are the ☐ Spouse ☐ Child ☐ Parent ☐ Other \_\_\_\_\_  
Explain
8. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

#### B. Information about the deceased:

1. His/Her Name \_\_\_\_\_  
First Middle Initial Last  
Maiden Name (if applicable) \_\_\_\_\_
2. Residence Address \_\_\_\_\_  
Number Street Apt./Box No. (if any)  
City State Zip
3. Marital Status ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced
4. Date of Birth \_\_\_\_\_  
Mo. Day Year
5. Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. Certified copy of death certificate is ☐ attached (or was previously submitted) ☐ not attached.  
If not attached, please explain \_\_\_\_\_
7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

### C. Total Control Account (TCA)

Tell us how you would like to receive the benefits (if no option is selected, a Total Control Account will be opened):

1. ☐ I want to take control of my insurance proceeds and defer making long-term decisions while earning competitive interest rates. Please pay the proceeds to me via the Total Control Account Money Market Option. I understand that you'll mail me a supply of checks with other materials about the Account once my claim is approved and processed. I can take all or part of my money whenever I want, without penalty or loss of interest, simply by writing a check for \$250 or more. Amounts remaining in my Account will continue to earn competitive interest rates. You'll also send me periodic statements. MetLife guarantees all the money in my Account. I can close my Account or select another available option at any time I choose, for any reason, without penalty or loss of interest.
2. ☐ I do not want to take advantage of the Total Control Account Money Market Option. I have read the important information on page 2 of the claim folder. I understand that if the proceeds payable to me are at least \$5,000, I am giving up my rights to take advantage of this settlement option. Please send me the proceeds in a lump sum check.

### D. Estate Resolution Service (ERS)

Because your loved one participated in MetLife's group supplemental life insurance program, you are entitled, at no cost, to take advantage of the Estate Resolution Services. For more information regarding Estate Resolution Services and how to access the service please read the enclosed document titled **MetLife Estate Resolution Services<sup>SM</sup> – Assistance in Probating the Insured Estate.**

### E. Certifications and Signature:

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I consent to the pro rata deduction of any contributions owed by the insured from insurance proceeds paid to me.
3. I have read the applicable Fraud Warning(s) provided in this form.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

***(Please note: You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest and dividend income on your tax return.)***

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

**Please sign** below as you would sign on checks (include first and last name). If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date Signed